**Massachusetts Division of Health Care Finance and Policy**
**2 Boylston Street, Boston, MA 02116**
**Tel (617) 988-3100 FAX (617) 727-7662 TTY (617) 988-3175**

# Nursing Facility Quarterly User Fee Assessment Form

**Facility Name:** _____ **VPN:** _____

**Address:** _____

**City, State, Zip:** _____ **Federal Tax ID#:** _____

**Contact Name:** _____ **Contact Phone#:** _____

The purpose of this form is to gather the necessary information to calculate your facility's User Fee Assessment in accordance with regulation 114.5 CMR 12.04 (1)&(2).

If you have any questions, please call Customer Service at (800) 609-7232.

## I. Total Nursing Patient Days for Quarter Ending _____

**Only nursing home level days should be included. Do not include resident care days.**

| | 1 | 2 | 3 | 4 | 5 | 6 | | 7 |
|---|---|---|---|---|---|---|---|---|
| **Type** | **Mass. Medicaid** | **Non-Mass Medicaid** | **MA Comm For the Blind** | **VA/Other Public** | **Private** | **Medicare** | | **Non-Medicare Days (Sum(1 – 5))** |
| Total Qtr NH Patient Days | | | | | | | | |

## II. Calculation of the Nursing Facility User Fee Assessment

Please calculate the user fee below according to your facility's class. See instructions for facility class descriptions.

| | **Total Qtr Non-Medicare Days** (Col. 7 above) | | **User Fee Rate** | | **NH User Fee** |
|---|---|---|---|---|---|
| **Class I** | _____ | X | **11.59** | = | _____ |
| **Class II & III** | _____ | X | **1.16** | = | _____ |
| **Class IV** | _____ | X | **0.00** | = | _____ |

## III. Comments (Attach additional pages if necessary.)

_____

_____

_____

_____

The facility representative whose signature appears below, is acknowledging to the best of his/her knowledge, by said signature, that the information in this worksheet is true, accurate, and prepared in accordance with applicable regulations and instructions under the pains of penalties of perjury.

_____ _____
Signature of Owner, Partner, Officer or Administrator Date

_____ _____
Print Name of signatory above Print Title